


FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Apr 04 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P96000053307 (0)			
1. Corporation Name CONTEMPORARY INVESTIGATIONS, INC.			
Principal Place of Business 3880 NORTHWEST 113 AVENUE SUNRISE FL 33323-1110		Mailing Address 3880 NORTHWEST 113 AVENUE SUNRISE FL 33323-1110	
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24 25		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29 30	
3. Date Incorporated or Qualified 06/21/1986		3a. Date of Last Report	
4. FEI Number 65-0702908		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
9. Name and Address of Current Registered Agent AMERILAWYER CHARTERED 948 ALMERIA AVENUE CORAL GABLES FL 33134		10. Name and Address of New Registered Agent 81 Name Jason Psaltides 82 Street Address (P.O. Box Number is Not Acceptable) 14101 NW 4 Street 83 84 City Sunrise FL 85 Zip Code 33325	
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligation of, Section 607.0505, Florida Statutes. SIGNATURE Jason Psaltides JASON PSALTIDES 3/27/97 (NOTE: Registered Agent signature required when reinstating)			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PTD	NAME SHIPLEY, GEORGE	1.1 TITLE	Change Addition
STREET ADDRESS 3880 NORTHWEST 113 AVENUE	CITY-ST-ZIP SUNRISE FL 33323-1110	1.2 NAME	
TITLE VSD	NAME SHIPLEY, SHIRLEY	1.3 STREET ADDRESS	Change Addition
STREET ADDRESS 3880 NORTHWEST 113 AVENUE	CITY-ST-ZIP SUNRISE FL 33323-1110	1.4 CITY-ST-ZIP	
TITLE	NAME	2.1 TITLE	Change Addition
STREET ADDRESS	CITY-ST-ZIP	2.2 NAME	
TITLE	NAME	2.3 STREET ADDRESS	Change Addition
STREET ADDRESS	CITY-ST-ZIP	2.4 CITY-ST-ZIP	
TITLE	NAME	3.1 TITLE	Change Addition
STREET ADDRESS	CITY-ST-ZIP	3.2 NAME	
TITLE	NAME	3.3 STREET ADDRESS	Change Addition
STREET ADDRESS	CITY-ST-ZIP	3.4 CITY-ST-ZIP	
TITLE	NAME	4.1 TITLE	Change Addition
STREET ADDRESS	CITY-ST-ZIP	4.2 NAME	
TITLE	NAME	4.3 STREET ADDRESS	Change Addition
STREET ADDRESS	CITY-ST-ZIP	4.4 CITY-ST-ZIP	
TITLE	NAME	5.1 TITLE	Change Addition
STREET ADDRESS	CITY-ST-ZIP	5.2 NAME	
TITLE	NAME	5.3 STREET ADDRESS	Change Addition
STREET ADDRESS	CITY-ST-ZIP	5.4 CITY-ST-ZIP	
TITLE	NAME	6.1 TITLE	Change Addition
STREET ADDRESS	CITY-ST-ZIP	6.2 NAME	
TITLE	NAME	6.3 STREET ADDRESS	Change Addition
STREET ADDRESS	CITY-ST-ZIP	6.4 CITY-ST-ZIP	

SIGNATURE:

George Shipley, President
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/27/97 (954) 741-1331
Date Daytime Phone #

0282491

CR2E034 (9/96)